DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HARWOOD PLACE ASSISTED LIVING (0009947) Address: 8220 W HARWOOD AVE, WAUWATOSA, WI 53213

License Status: REGULAR

Licensed/Certified/Registered 03/01/2004

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History						
Survey ID: 0094992	End Date: 06/03/2005	Type: OTHER	Purpose: VERIFICATION VISIT			
Results: NO STATEME	NT OF DEFICIENCY IS	SUED				
Survey ID: 0094600	End Date: 03/29/2005	Type: OTHER	Purpose: DESK REVIEW			
Results: ENFORCEMEN	NT ACTION					
Statement of Deficiency:	#10009101			Compliance		
	Deficiencies Cited 50.065(6)(b)	Subject Area CREDENTIALED CARE	EGIVERS	<u>Verified</u> 06/03/2005	Corrected Yes	
Survey ID: 0092045	End Date: 03/01/2004	Type: STANDARD	Purpose: SURVEY			
Results: STATEMENT OF DEFICIENCY ISSUED						
Statement of Deficiency: #10008666 Served 03/05/2004						
	Deficiencies Cited 83.21(4)(w) 83.41(5)(d)2 83.42(3)(e)	Subject Area SAFE ENVIRONMENT HOT WATER TEMPERA QUARTERLY FIRE DRI		Verified	Corrected	

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0090713 End Date: 08/04/2003 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Enforcement History

Date: 04/21/2005

SOD #10009101

Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

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